

TOCOR CHECKLIST FOR INVOICE REVIEW

Invoice No.: EP-S5-0078.01

TO No: 0030

Contract No.: EP-S5-15-01

Site: Westside Lead

Performance Period: 09/01/19 to 09/30/19

TOCOR: Annette W. Fields

Contractor: Accura Engineering & Consulting Services

Due to PO on: 10/22/19

Please provide written explanations when answers are "no"

Y

N

NA

VOUCHER OVERVIEW

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Are specific (site, TO, etc.) costs correctly broken down, accumulated and billed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the invoice period of performance (POP) cover the progress report POP? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are the billed costs authorized by the work assignment/workplan or the contract? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the math accurate? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the costs and LOE invoiced sufficiently below the estimates on the approved workplan to accomplish remaining work? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LABOR

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 6. Is the labor mix consistent with the workplan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are the labor hours commensurate with work completed this month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are the employees' labor categories the same as the last period? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Explanation: Approved Labor Categories Used As Needed. | | | |
| 9. Were any premiums for overtime authorized by the CO or allowable in the contract? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

OTHER DIRECT COSTS

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 10. Was consent for any charges for subcontractors/consultants received in advance? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Is the level of subcontract effort charged commensurate with the level of progress made? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do travel expenses appear reasonable and within the approved budget? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do supply and material costs appear appropriate for the tasks completed this month? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Was the type and quantity of equipment approved by the CO prior to purchase? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. If present, does the amount of ALL other direct costs seem reasonable and commensurate with the work performed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☒ No exceptions are made to the invoiced amount for the work assignment and period of performance referenced above. I recommend paying \$ 1,916.26 on this invoice.

☐ Exception is made to the invoiced amount. I recommend approval of \$ _____. Exceptions are listed below, or attached if more room is needed. Excepted Amount \$ _____ Reason for Exception:

TOCOR Signature: s/Annette W. Fields

DATE: 10/22/19

